

IAP01Rec'd PCT 09 APR 2012


**TRANSMITTAL
FORM**

Application Number	10/594201
Filing Date	9/22/2006
First Named Inventor	Philip Vafiadis
Art Unit	2485
Examiner Name	PHILIPPE, GIMS S
LUMEN Docket Number	MAD-101/PCT/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Small Entity Claimed	<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Certified Copy of Priority Doc(s)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Declaration No. of Pages _____	<input type="checkbox"/> Terminal Disclaimer(s) No. of Disclaimers _____
<input checked="" type="checkbox"/> Reply / Amendment No. of Pages <u>12</u>	<input type="checkbox"/> Recordation Cover Sheet & Assignment No. of Pages _____	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Statement(s) under 3.73(b)	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Copy of Assignment(s)	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Copies of Cited References	<input type="checkbox"/> Power(s) of Attorney	<input type="checkbox"/> Petition to Revive
<input type="checkbox"/> Drawings No. of Sheets _____		<input type="checkbox"/> Certificate of Correction

 Other:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM		
SIGNATURE	/ Robert Lodenkamper / Reg.No. 55,399		
PRINTED NAME	Robert Lodenkamper		
DATE	4/5/12	REGISTRATION NUMBER	55,399

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Robert Lodenkamper / Reg.No. 55,399		
PRINTED NAME	Robert Lodenkamper		
DATE	4/5/12		